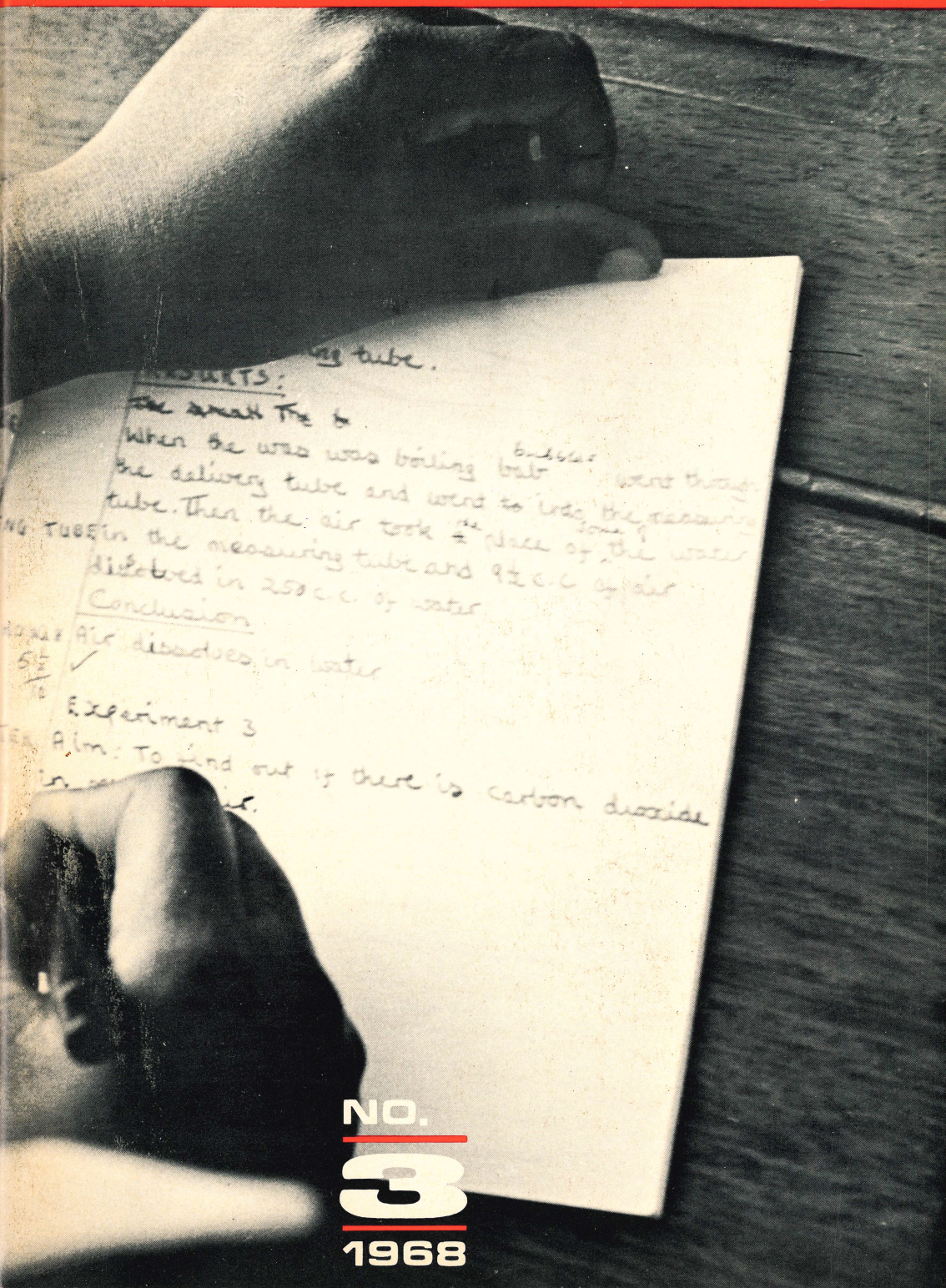
medical missionary


tube.
When he was was boiling bait
the delivery tube and went to
tube. Then the air took
in the measuring tube and
dissolved in 250 c.c. of water
Conclusion
Air dissolves in water
Experiment 3
Aim: To find out if there is carbon dioxide

NO. 3
1968

Christ himself searched the hearts of men, and led them to divine light through truly human conversation. So also his disciples, profoundly penetrated by the Spirit of Christ, should know the people among whom they live, and should establish contact with them. In this way they themselves can learn by sincere and patient dialogue what treasures a bountiful god has distributed among the nations of the earth.

Decree on the missionary activity of the Church, 11

medical missionary

VOLUME 42 • NUMBER 3 • 1968

• Communication *p. 80*

• The Word *p. 86*

• A Message *p. 92*

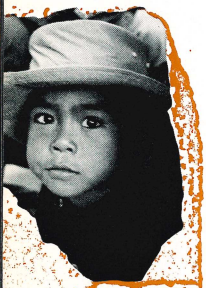
The Medical Missionary is published bi-monthly with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. Subscription: 1 Yr. $2.00; 2 Yrs. $3.00. 2nd Class postage paid at Philadelphia, Pa. Form 3579 Medical Mission Sisters, Philadelphia, Pa. 19111

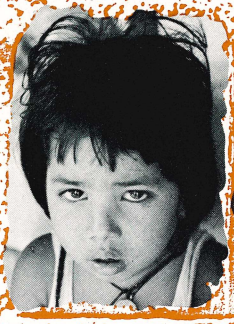
It is midnight

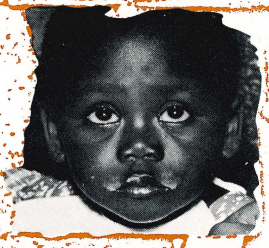
in the world, *Martin Luther King said.*

It is midnight in our hearts.

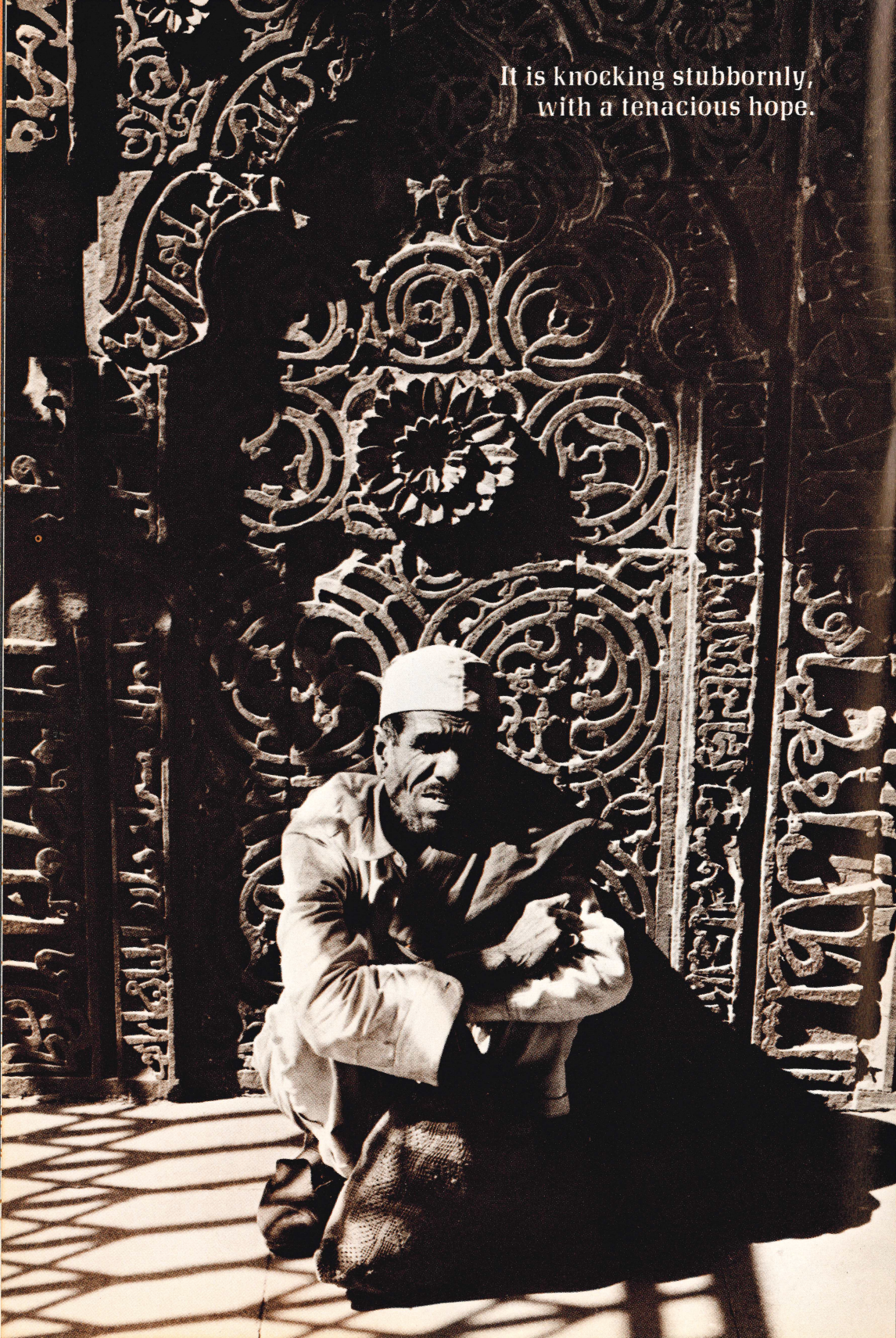
The world is knocking on the door of all the Christian churches.







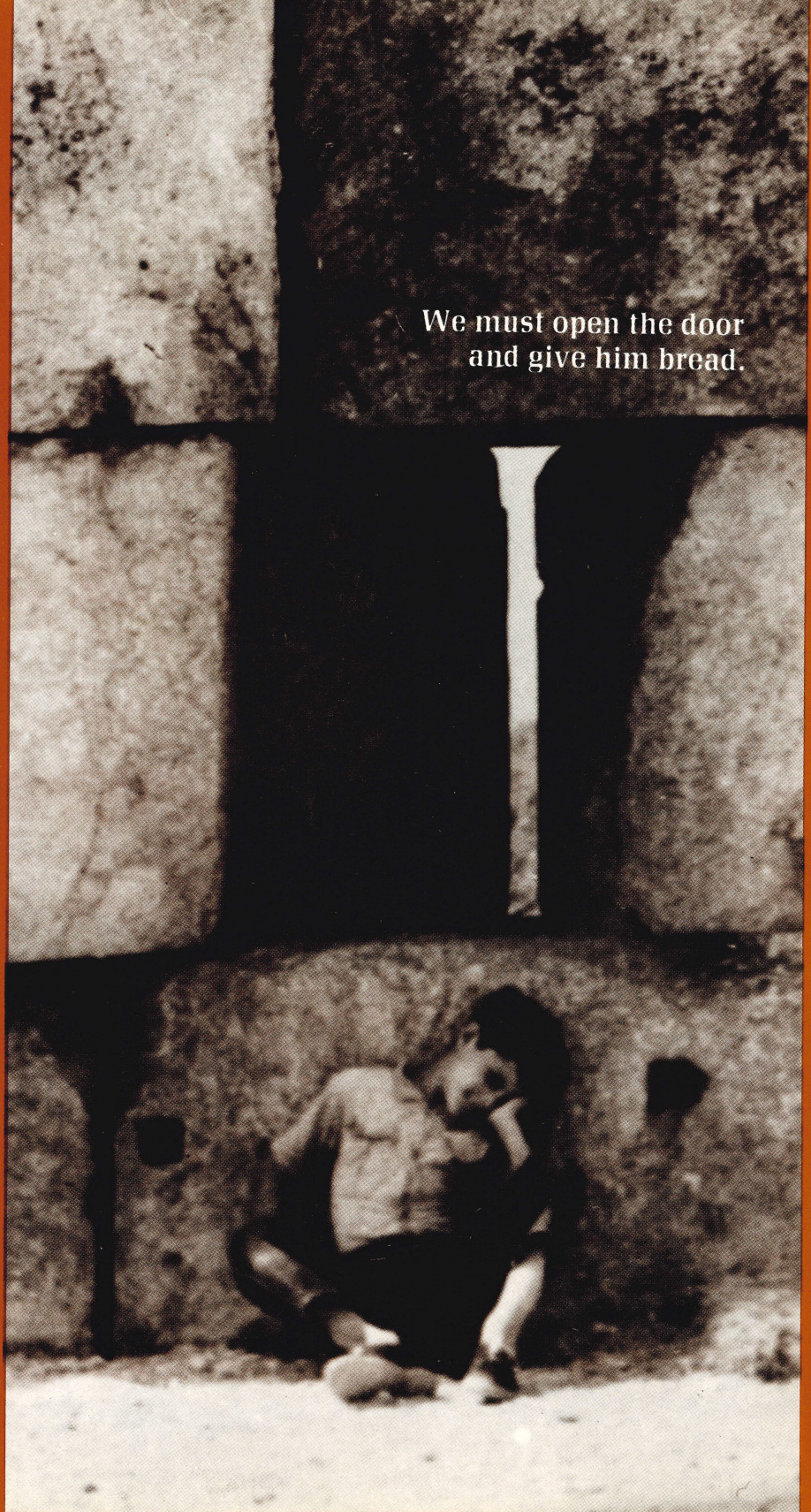
It is waiting for a response.

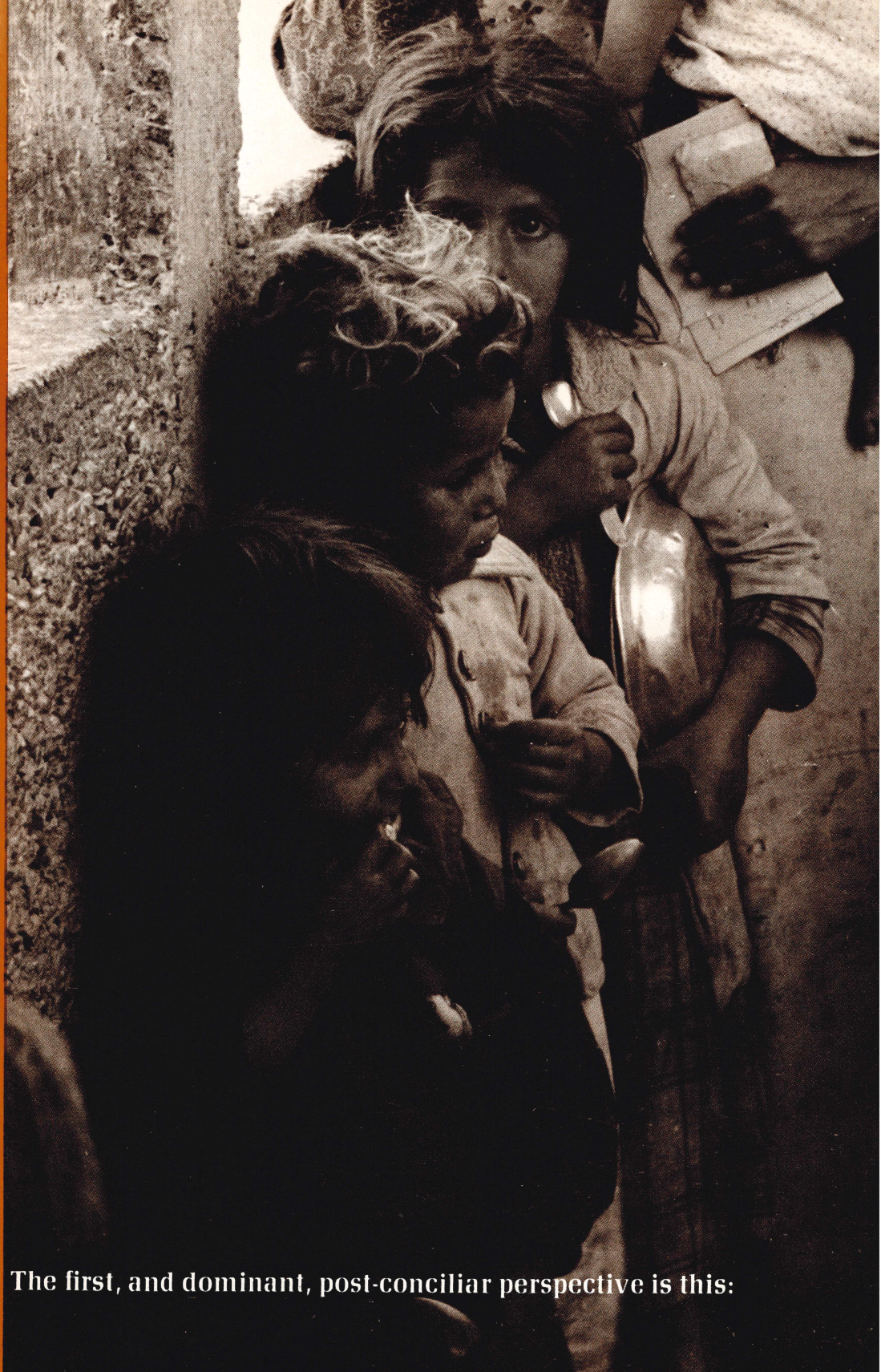

It is knocking stubbornly,
with a tenacious hope.

It is knocking,
perhaps
for the last time.

We must wake up in this night, we must get up and open the door;

we must hear the man who coughs and call him in.


We must open the door
and give him bread.



The first, and dominant, post-conciliar perspective is this:

the world is knocking on the door . . . at midnight.

COMMU

By Kathleen Kies and Tony Palisi

Man is a gregarious animal. To this notion, Phyllis McGinley has added poetic testimony, writing that although he had Eden to live in, man could not live alone.

It is within this context of sharing, this interdependence, that we would like to present some ideas about communication.

Dictionaries suggest that the infinitive form, *to communicate,* means to transmit, to impart, or to pass along. Because of the transitive nature of these words, one is inclined to ask, "What is to be communicated?" If not explicitly, then certainly implicitly, the lexicographers respond, "information."

But transmission of information is hardly a cure for loneliness. Transmission of information can hardly solace the frightened or the anxious, cannot salve pain or despair.

If not information, what might one communicate? We would suggest *acceptance.* We would like to communicate to another individual that we see him as a person of worth and dignity.

Consider the communication that passed between the good thief and Jesus at Golgotha (Luke, 23:42-43):

"Lord, remember me when you come into your kingdom."

"Amen, I say to you, this day you shall be with me in paradise."

Certainly there is information imparted through Christ's communication, but for him who was alone, outcast and sentenced to death, the message of acceptance, acceptance by Christ, must have eased the pang of conscience and the pain of physical torture.

Two thieves flanked Jesus. One communicated acceptance of Him. And to him, Jesus reciprocated in kind.

Behavior tends to reproduce itself in kind.

It is much easier to describe the notion of acceptance of an intellectual concept than it is to communicate it in our daily interaction, even though the communication of acceptance appears to be embodied in the mandate, "Love your neighbor." Can there be love without acceptance?

Frequently, what we *wish* to communicate and what we *do* communi-

NICATION

cate are not consonant with each other. There is not a close matching of our intention with our performance. Somehow, perhaps because of the sender, or the receiver, or both, the message is distorted.

From the time of Eden, man needed a companion. He needed someone with whom he might communicate. The important preposition is *with;* man does not communicate *at* another person. When he is communicating *at* another, he is likely to feel that it's like talking to a wall. The wall is real; it's the other's defense against a barrage of words.

This is particularly true when conversation crosses cultural boundaries. The wall is the other's defense of his own value system, developed through long centuries. And it effectively blocks communication, since each person thinks and speaks and hears within the framework of his own values. The effort consciously to hear with another's ears, or to see from another's point of view, might help one to communicate with greater authenticity.

In our enthusiasm to communicate, we find ourselves giving advice, offering opinion, providing direction. Speech, particularly in the Western culture, is so frequently judgmental that it is not surprising that the receiver hears the implication that he is viewed as an individual who cannot possibly cope with a situation.

And, behavior tends to reproduce itself in kind.

"I admire the intelligence of people who ask for my advice." This popular quotation, which is posted in many offices, purports to be humorous, but there may be more truth than wit in its meaning. How many of us are flattered when someone asks us for advice?

And, when we offer that advice, whose needs are most being served? We cannot communicate acceptance of another when what we have to say satisfies our own needs more than it does the needs of the receiver.

Implicit in what we have been suggesting is that communication is a two-way process, delicate and susceptible to breakdown. It is not one person sending and one person receiving. Each party assumes respon-

sibility for sending and receiving accurately. Each must attempt to be absolutely certain that he is hearing the *idea* which was intended. Each must try to diminish the distortion which occurs in meaning. This is not the polite waiting for a chance to speak. It is active, emphatic listening, hearing what the other thinks and also what he feels.

This aspect of communication is one that does not always operate at conscious levels of awareness. If we are not consciously aware of our own communications problems, just what can we do? We need to increase our sensitivity to self and to others.

This implies seeing oneself and others as persons of worth and dignity. Perhaps seeing oneself as having value must come first. Self acceptance and spontaneity seem to be related. At any particular moment in time, we allow into our understanding joy, fear, or some other emotion. Acceptance of these feelings into conscious levels of awareness is also a delicate matter of communication. Self understanding is not easily acquired, particularly because the self is always emerging; it is always in the process of becoming.

Acceptance of others does not mean denial of self, for the rest of the second great command to "Love your neighbor" is "as yourself."

If one exercises his own right to make free choices in terms of his values, if he acknowledges his own dignity, he *must* then recognize similar rights for another. He who is able to accept himself probably is able to communicate genuine acceptance to another. In short, he loves his neighbor as he loves himself.

The notion of acceptance does not incorporate the notion of agreement. It does not mean that by accepting

Sister Carmela Canlas

tries to communicate the value of a healthy diet to her public health class in Patna, India.

another, the individual loses his own identity to that other. It does mean the recognition of another's right to live in terms of his own values.

This recognition is manifested through communication. If mankind had communicated acceptance of each person as the possessor of worth and dignity, would there have been a crucifixion? Would there be assassinations? Would there be bondage?

Behavior tends to reproduce itself in kind. Thus negative emotions such as hate and suspicion tend to beget each other, unless someone *consciously* attempts to break the cycle and communicates this intention by words which manifest acceptance and by deeds which reflect recognition of free will and the right of others to so live. To ask questions in order to be certain that one has heard correctly is to avoid misconception and distortion. It is suggested that this is one way to break the cycle.

Probably the place to begin the apostolate of acceptance is within the circle of those with whom we have daily contact. We do not always agree with one another, we do not have to agree, but we can listen to and accept one another.

Will not acceptance of another be the first big step in building a better world?

Kathleen Kies and Tony Palisi are doctoral candidates at Temple University, Philadelphia, Pa. As part of their studies, both have been members of a group dynamics team conducting various communication workshops in the Philadelphia area.

Sister Maria (Philip) Hornung must cross tremendous cultural boundaries to dispense medicine on a safari trip in Uganda. ▶

Empathy communicates acceptance as Sister Kathryn (Pascal) Volker and friend share a smile on the veranda of Holy Family Hospital, Mandar, India.

the WORD

By Sister Kristine Malins

(God speaks.)

In the beginning God expressed himself. That personal expression, that word was with God and was God, and he existed with God from the beginning.

"There! I am putting my words into your mouth. Look, today I am setting you over nations and over kingdoms, to tear up and to knock down, to destroy and to overthrow, to build and to plant.

"Yes, as the rain and the snow come down from the heavens and do not return without watering the earth . . . so the word that goes from my mouth does not return to me empty, without carrying out my will and succeeding in what it was sent to do."

(Jesus is that word.)

Jesus Christ . . . is himself no doubtful quantity, he is the divine "Yes." Every promise of God finds its affirmative in him, and through him can be said the final amen, to the glory of God.

So the Word of God became a human being and lived among us.

"The time has come at last—the kingdom of God has arrived. You must change your hearts and minds and believe the good news."

"Sir, Sir! My servant is lying at home paralyzed in a lot of pain."

"I will come myself and cure him."

"But I am not important enough for you to enter my house. Just give the order, please, and my servant will recover. I'm a man under authority myself, and I have soldiers under me. I can say to one man 'Go' and I know he'll go, or I can say 'Come here' to another and I know he'll come—or I can say to my servant 'Do this' and he'll always do it."

"Believe me, I have never found faith like this, even in Israel! . . . Go home now, and everything will happen as you have believed it will."

(Jesus speaks.)

"It is not everyone who keeps saying to me 'Lord, Lord' who will enter the Kingdom of Heaven, but the man who actually does my heavenly Father's Will.

"If anyone really loves me he will keep my word, and my Father will love him, and we shall come to him and make our home with him.

"As the Father has sent me, so I am sending you."

(We are His Word.)

To us, has God given this grace, to enable us to proclaim to the world the incalculable riches of Christ and to make plain to all men the meaning of the divine plan.

If one speaks with the eloquence of men and of angels, but has no love, he becomes no more than blaring brass or crashing cymbal.

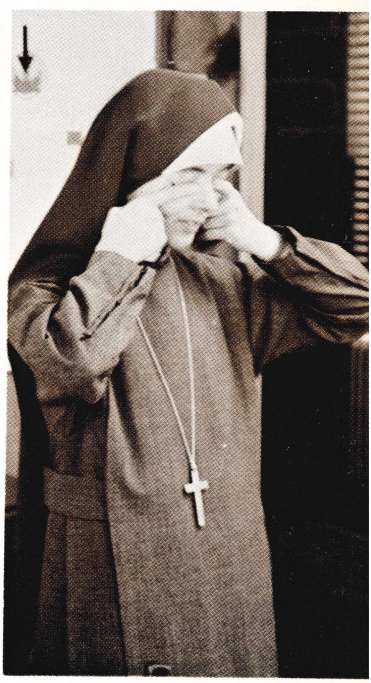
And if a fellow man or woman has no clothes to wear and nothing to eat, and we say, "Good luck to you, I hope you will keep warm and find enough to eat," and yet give them nothing to meet their physical needs, what on earth is the good of that?

We must do all we have to do without grumbling or arguing, so that we may be God's children, blameless, sincere and wholesome, living in a warped, diseased world and shining there like lights in a dark place. For we hold in our hands the very Word of life.

What a blessing — to hear the Word of God and keep it!

Scripture references (paragraph by paragraph): Jn. 1, 1-2; Jer. 1, 9-10; Is. 55, 10-11; Mk. 1, 14; 2 Cor. 1, 19-20; Jn. 1, 14; Luke 7, 1-10 and Mt. 8, 5-13; Mt. 7, 21; Jn. 14, 23; Jn. 20, 21; Eph. 3, 8; 1 Cor. 13, 1; James 2, 15-17; Phil. 2, 13-14; Luke 11, 27-28.

I heard the Word of God, and it made me want to dance.



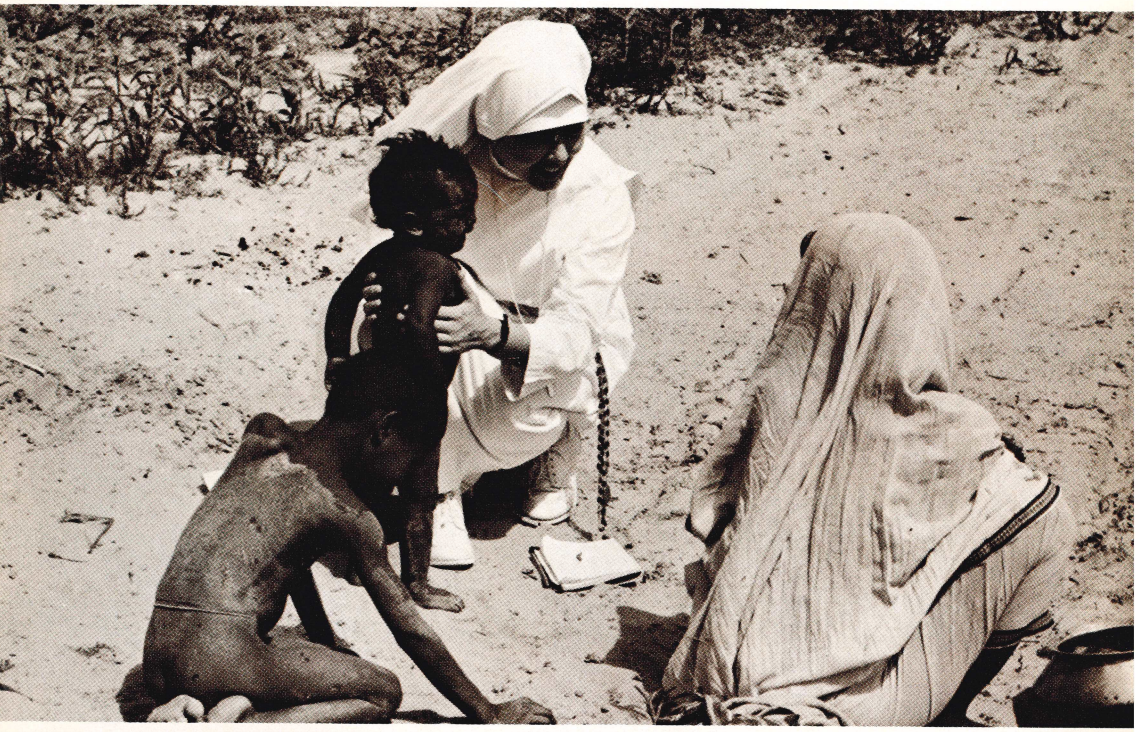
I had to share with the world the sheer joy of it,
but I simply couldn't find the right words.
Some things, so well said to begin with,
are impossible to paraphrase . . . but
so wonderfully easy to sing.
There were times when the weight of the experience
left me mighty tired.

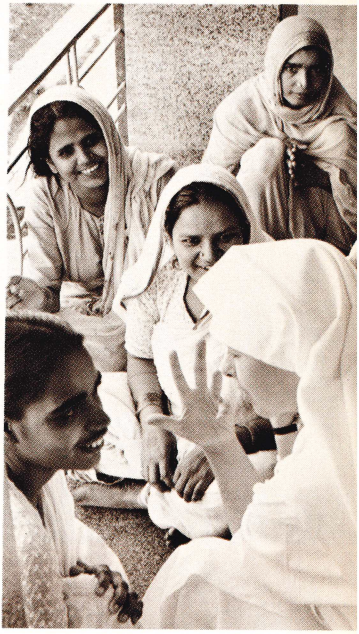
WORD

The Word grew to a mighty message within me
and I longed to pass it on.
To do so
I had to somehow come out of my country
my culture
myself.

I hurried into the wide open world of children, where the tension of a different way of life pulled me in two directions at once. Slowly, so slowly, I was drawn . . .

into those very special secrets of the poor.





What could I possibly say to one who already knew nearly all of life's promises and disappointments.
Yet often I found people eager to listen and ready to respond.

I went out to the world as someone with something to say . . .

and overnight I became a listener and a learner.
The Word I had come to speak was in reality a dialogue
a give and take
a theme to be developed together
when I held their drums in my hands.

After seven years in Rawalpindi, West Pakistan, and seven years of public relations work in Philadelphia, Sister Jane (Pierre) Blewett toured Asia and Africa, then joined the staff of Holy Family Hospital in Karachi, West Pakistan.

A MESSAGE

By Sister Mary Louise Lynch

Medical Mission Sisters are women with a message and they wish to tell it to the world. They are, therefore, very much concerned with the business of "communications." They have something to say and they wish to say it with their lives.

This message begins to be spoken when a woman chooses to intensify her Baptismal consecration by promising to devote herself, her abilities, all she has for her whole life to the medical mission apostolate in the Society. She does so in company with other women who have the same goal in mind and wish to travel the same road to its accomplishment. Theirs is a lifetime of listening and responding to the demands of the Gospel speaking to them in the world, in the Church, in their community, in the person of the people they serve.

To listen, to respond, to speak the message of Christ's love for men as individuals and as a group, the Sisters have created a new governmental structure in the Society. Based on their co-responsibility, the present government requires the full and free collaboration of all the Sisters. The government structures chosen at the 1967 General Chapter of the Society had to pass a test before they were adopted. Were they positive aids to the fulfillment of the Sisters' common commitment to Evangelical life and medical mission work? Is this type of government able to allow for change? Is it based upon the principles of individual freedom and

responsibility? Does such a government encourage the active participation of all the members of the Society? Is the principle of subsidiarity one of its components?

When all these questions and others could be answered in the affirmative, the Medical Mission Sisters adopted a new government. It is characterized by a collegial participative spirit. The local community is recognized as the primary group in the Society and it contributes to and receives from the next higher level of government which is the grouping of several houses into a District. The District is further linked to a Sector which is a geographical division.

There are six such divisions in the Society, Asia, East Asia, Africa, Latin America, Europe and North America. Each Sector is given the authority to determine many of its own policies which evolve through experimentation and by answering the needs pertinent to each administrative unit. The Superior General and the Assistant Superior General together with six Sisters, each one representing a Sector, form a Central Administrative Assembly which is entrusted with governing the Society between the general meetings which are called Chapters and which are scheduled every six years.

The government structure which was adopted by the 1967 Chapter calls for maximum participation of all the members of the Society. Each Sister shares in the privilege of directing the Society through responsible voting and through the mutually shared responsibility for the development of the individual Sister and the conduct of the medical mission work. The present government calls for continual communication encouraging the give and take of authority exercised as a function of love and service and obedience viewed as an expression of communion.

It is a pluralistic type of government which must allow for profusion of ideas, tolerance and even conflict. It runs the risk of being confusing rather than efficient if there is not a strong cohesive force to balance the disruptive tendencies. But it also offers the opportunity to build a community of persons who can share deeply a common commitment to Evangelical life and the medical mission apostolate and develop a strong bond which becomes a source of strength and joy and enables each Sister to reach out in love and service to all men.

To be a community means to coordinate the efforts of many into a unity. This involves an acknowledgement of relationships and acceptance of specific roles where one is responsible for self and responsible for every other member. It is a matter of freely choosing to obey one another in a spirit of willing cooperation. It is a concentration of effort directed toward the communication of the message of Christ's love to one another and together to the sick of that third and needy world that waits for healing.

MEDICAL MISSION SISTERS • PHILA., PA. 19111 •

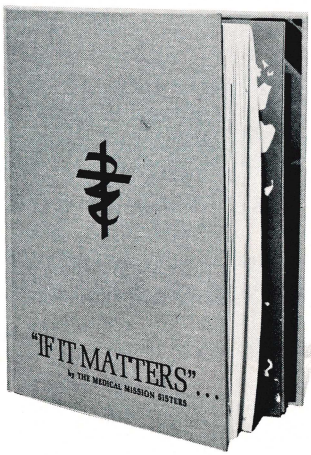
Only with your help can our medical work communicate to the peoples of Asia, Africa and South America their dignity and potential.

I want to do my part $_____ to continue your dialogue with developing nations.

*Name*_____

*Street Address*_____

*City*_____ *State*_____ *Zip*_____



IF IT MATTERS is a book about us . . . our beginning, our growth, our desire to continue as Medical Mission Sisters. It took over 200 pages and 350 photographs to begin to say it matters—our sisters, our people, and their cultures, our call to serve the sick in Asia, Africa and South America.

IF IT MATTERS . . . you would like it.

Hard cover $5.98 Paperback cover $3.98

(Please include 25c for Postage and Handling.)

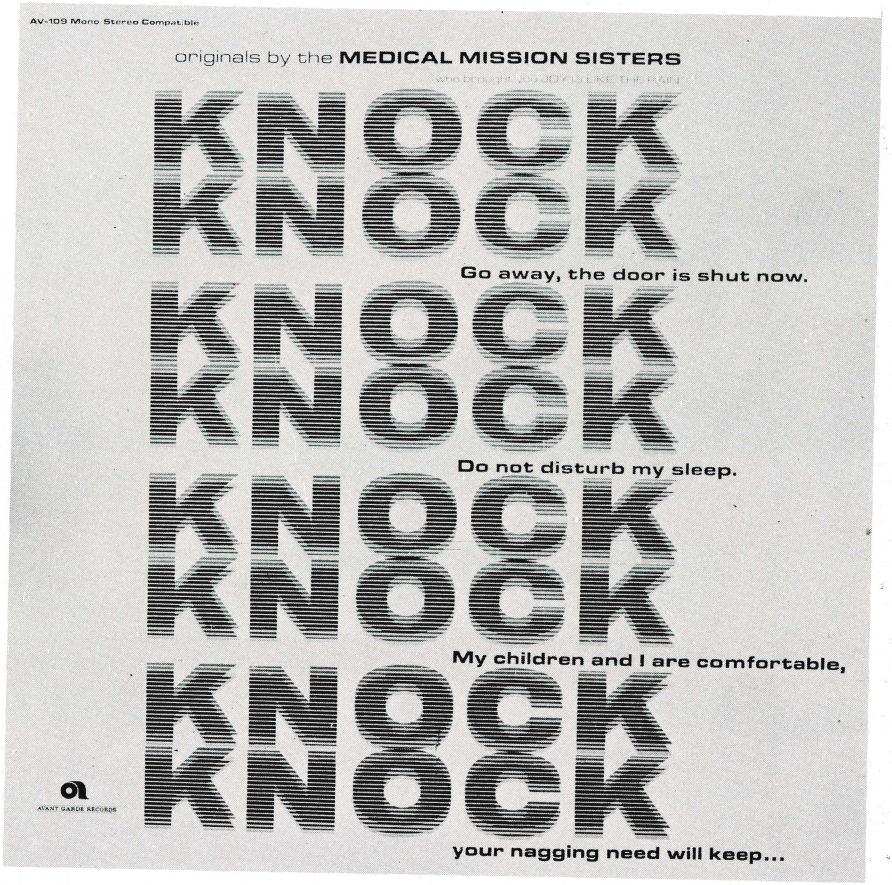
Please send me _____ If It Matters, hard cover
_____ If It Matters, paperback

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

Order direct from: Medical Mission Sisters, 8400 Pine Road, Philadelphia, Pa. 19111



It's a new record!

It goes by the name of KNOCK, KNOCK.

12 more original songs by Sister Miriam Therese Winter. Songs that care. About love. About change. About rejection and fidelity. About glory and the Kingdom. About friendship. About God and about man.

KNOCK, KNOCK available as a stereo/mono compatible for **$5.00.**

Please send me _____ Knock, Knock stereo/mono compatible $5.00
Also available: _____ Joy Is Like the Rain, _____ I Know the Secret, _____
Mass of a Pilgrim People (Mono: $3.98, Stereo: $4.98)

NAME_____
ADDRESS_____
CITY_____STATE_____ZIP_____
(Please include 25c for Postage and Handling.)
Send to: Medical Mission Sisters, 8400 Pine Road, Philadelphia, Pa. 19111

A SISTER DIES

Sister-doctor Constance Zimmerman, Diplomate of the American Board of Surgeons, Chief of the Medical Staff and Head of the Department of Surgery, Kurji Holy Family Hospital, Patna, India, died at Safdarjung Hospital in New Delhi on June 14, 1968, at the age of 38. Sister Constance was the victim of a rare medical disease, acute idiopathic polyneuritis (ascending paralysis), which caused her death within a week. In an attempt to assist her breathing, the young surgeon had been flown by a U.S. embassy plane from Patna to New Delhi, where a respirator was available.

Sister Constance spent fourteen years in study and practice preparing for her future work in Patna, where she arrived in 1965. A native of Fort Loramie, Ohio, she took her premedical studies at George Washington University; received her medical degree from Georgetown University Medical School in 1955; did an internship at Misericordia Hospital in Philadelphia, Pa.; specialized in surgery for four years at the St. Louis City Hospital; and was made a Diplomate of the American Board of Surgeons in 1965.

Sister Constance was greatly loved by her patients, staff and all with whom she came in contact. Her efforts were untiring in reorganizing all departments at Kurji Hospital, in setting up a Housemanship Program for young surgeons, in the planning of research and public health programs in the area, and in the establishment of a Family Life Center in Patna.

Words are too small to communicate the impact of this event. One Medical Mission Sister phrased it this way: "Sister Constance's death was unexpected, premature. Kurji Holy Family Hospital needed her. Needs her. The Society counts on women of her caliber to create the future. Competent, unstinting, compassionate, she was sister and doctor and friend. Her death leaves a hole."

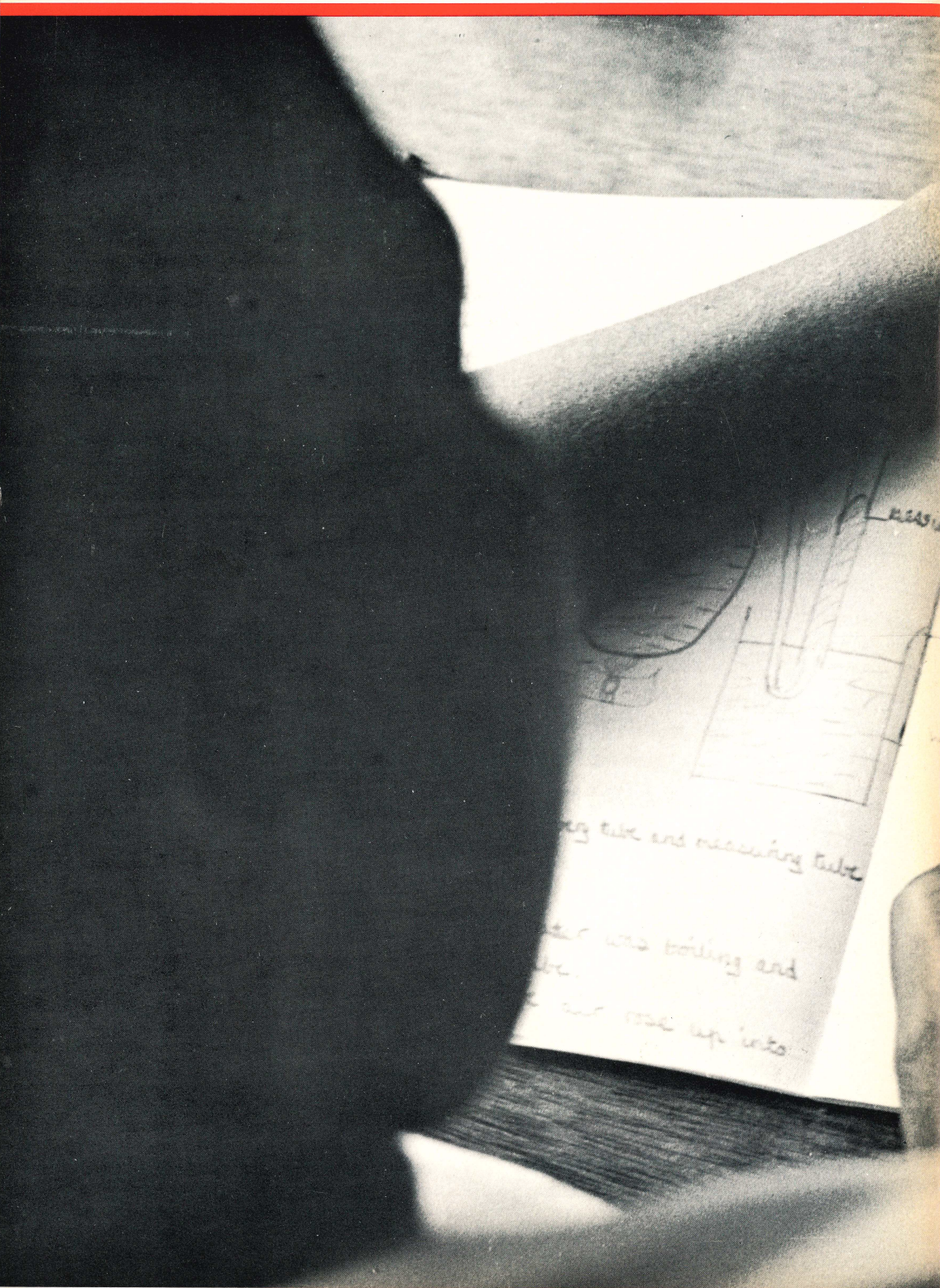
Let us pray:

"O God
We pray
that nothing of this Sister's life
will be lost
but that it will be
of benefit to the world . . .

We ask you
that she may go on living
in those she loved and served
in their hearts and minds,
their courage and their conscience."

EDITOR: *Sister Miriam Therese Winter; Associate Editor: Sister Kristine Malins; Art Director: Michael C. Louridas; Photography: John L. Alexandrowicz; Art Credit: Inside covers, Sister Victoria Connelly.*

PHOTO IDENTIFICATION AND CREDIT:
pp. 68-9 (from THREE LIONS), mother and child, Ecuador; pp. 71, 76 (WHO photo), Lebanon; p. 72, New Delhi, India; pp. 73, 77 (WHO photo), Palestine; pp. 74-5 (WHO photo), India; p. 79, So. Vietnam.

COVER PHOTO:
Fort Portal, Uganda, East Africa.

I have appointed you as a prophet to the nations . . . Go now to those to whom I send you and say whatever I command you. Do not be afraid of them, for I am with you to protect you. It is Yahweh who speaks. (Jeremiah 1:5,7)